

Information to obtain a license by SCORE TRANSFER

1. The National Association of Boards of Pharmacy's (NABP) NAPLEX® Score Transfer program is available upon registration for the NAPLEX® in a participating state. To be eligible for the Score Transfer Program the following criteria must have been met:
 - a. The Score Transfer Form from the NAPLEX® Registration Bulletin was completed and sent to the NABP prior to testing.
 - b. \$75.00 fee (Cashier's Check/Money Order) made payable to the NABP.
2. In addition to the above, students transferring their scores to Tennessee should comply with the following:
 - a. Submit an initial Score Transfer Application
 - b. \$300.00 made payable to the Tennessee Board of Pharmacy

Law Books will be mailed upon receipt of the application and fee at no additional cost.

Students are responsible for transferring any intern hours acquired outside the State of Tennessee. Hours must be certified by State Boards. Proof of 1500 hours is required before licensure. Please complete the Internship Affidavit Form.

Please Print and Submit the below application

TENNESSEE BOARD OF PHARMACY SCORE TRANSFER



APPLICATION FOR PHARMACIST EXAMINATION

Prior to being admitted to the NAPLEX® examination, applicants for licensure as a pharmacist must meet all preliminary requirements. All required documentation must be filed with the Board in accordance with the rules and regulations.

Applicants must be at least 21 years of age, and be a graduate of an accredited college of pharmacy. The Tennessee Board of Pharmacy interprets the term "graduated" to mean that the student has completed the actual graduation process and has received a diploma.

Applicants must submit affidavits attesting to internship hours acquired in Tennessee with the application. Internship hours acquired in states other than Tennessee must be certified by the respective state board of pharmacy. A minimum of 1,500 (fifteen hundred) internship hours are required for licensure. If otherwise qualified, applicants may be allowed to take the examination without the required internship hours; however, hours must be completed before a license can be issued.

MAIL COMPLETED APPLICATION TO:

DEPARTMENT OF COMMERCE AND INSURANCE
TENNESSEE BOARD OF PHARMACY
500 JAMES ROBERTSON PARKWAY, 2ND FLOOR
NASHVILLE, TENNESSEE 37243-1149
TELEPHONE (615) 741-2718

INDICATE TYPE OF CANDIDATE

NAPLEX
SCORE TRANSFER
FOREIGN GRADUATE

Attach a recent
photograph to
this space

Name (First) (Middle) (Last)

(Mailing Address)

(City) (State) (Zip Code)

Place of Birth _____
(City) (State) (Email address)

Date of Birth _____
(Month) (Day) (Year) Sex (Social Security Number)

Home Phone No. _____ Cell/Work Phone No. _____

TENNESSEE REQUIRES 1500 INTERNSHIP HOURS FROM ALL CANDIDATES

INITIAL TENNESSEE CANDIDATES \$50.00 FEE

If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request the hours be certified to Tennessee.

SCORE TRANSFER CANDIDATES \$300.00 FEE

If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request the hours be certified to Tennessee.

FOREIGN GRADUATES \$50.00 FEE

If applicable, contact the Pharmacy board in the state where the internship hours were obtained and request the hours be certified to Tennessee.

Foreign Graduates must complete at least 500 internship hours in Tennessee.

Submit a copy of FPGEC® Certification with application.

VIOLATIONS

Have you ever been convicted of a felony or misdemeanor other than a routine traffic violation?

Yes

☐

No

☐

If yes, please provide details of the conviction, such as date of conviction, and please provide any documentation showing the resolution of this case. _____

Has your pharmacist license, if licensed in another state, ever been suspended or revoked?

Yes

☐

No

☐

If yes, please provide explanation:

Are there **ANY** criminal charges pending against you in this state or any other state?

Yes

☐

No

☐

If yes, please provide explanation:

I, _____, do solemnly swear and affirm that I have personally completed this form, and that the information in the foregoing paragraphs is true and correct to the best of my knowledge.

(Signature of Applicant)

Sworn to and subscribed before me this _____ day of 20__.

My Commission expires _____.

(Notary Public)

COLLEGE CERTIFICATION

College training completed **prior** to entering Pharmacy College: *(To be completed by student)*

Name and Location of College Attended

Period of Attendance

_____	_____
_____	_____

DEGREE *(To be completed by Pharmacy College)*

This is to certify that _____

was in regular attendance at the _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

FROM _____ TO _____

A total of _____ months and that a Certificate of Graduation with the degree of _____.

Issued on _____ Or is Scheduled to Be Issued on _____

(If scheduled to graduate at a future date, the college will be responsible for advising the Board if for any reason the student does not graduate.)

(School Seal)

(Signature of Authorized Representative)

(Name Printed)

(Title)

Are you a citizen of the United States?

YES

☐

NO

☐

OTHER LICENSURE

Have you ever taken other state board examinations? YES

☐

No

☐

Are you licensed in any other state?

YES

☐

No

☐

If **yes**, list dates and states where examinations were taken:

If yes, 91 days must pass before applicant is eligible to test in another state. See NAPLEX Bulletin for details.

Do Not Write Below This Line (For Board Use Only)

.....

LICENSE NO	_____
DATE ISSUED	_____
DIRECTOR	_____

NAPLEX/MPJE: Cashiers Checks/Money Orders should be payable to National Association of Boards of Pharmacy.

TENNESSEE: Checks/Money orders should be payable to Tennessee Board of Pharmacy. If you have a new address, please submit as soon as possible to the Pharmacy Board Office by fax or Email. NAPLEX/MPJE® Scores will be mailed directly to you. Test scores cannot be disclosed by phone.

NORTH AMERICAN PHARMACIST LICENSURE EXAMINATION

Examination Date	_____	Grade	_____
Examination Date	_____	Grade	_____
Examination Date	_____	Grade	_____

MULTI-STATE PHARMACY JURISPRUDENCE EXAMINATION

Examination Date	_____	Grade	_____
Examination Date	_____	Grade	_____
Examination Date	_____	Grade	_____

INTERNSHIP PROGRAM

STATE

NUMBER OF HOURS	_____	_____
	_____	_____
	_____	_____
TOTAL HOURS	_____	_____